

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. **10/018631** FILING DATE _____
APPLICANT(S) _____

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
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8				
9		1		
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11		1		
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TOTAL IND.		1		
TOTAL DEP.		9		
TOTAL CLAIMS		10		

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TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		